

FTR



Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

**Testimony of Victoria Veltri
State Healthcare Advocate
Before the Insurance and Real Estate Committee
In support of SB 7
February 18, 2014**

Good afternoon, Representative Megna, Senator Crisco, Senator Kelly, Representative Sampson, and members of the Insurance and Real Estate Committee. For the record, I am Vicki Veltri, State Healthcare Advocate with the Office Healthcare Advocate ("OHA"). OHA is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health insurance plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

Senate Bill 7 codifies an important consumer protection by providing a mechanism for attending physicians to effectively treat a patient's condition based on their clinical observations rather than being restricted by the plan formulary. However, Senate Bill 7 raises some concerns about the appropriate and timely patient access to medications. The provision that permits plans to require patients to use a therapeutically equivalent generic drug fails to contemplate those patients where the generic would adversely impact their treatment.

Our office was contacted by a young woman with narcolepsy who had been successfully treated with a brand name drug for years. However, her plan benefits changed and she was switched to the generic equivalent, despite her treating provider's recommendation that she not be. While the active ingredient in the generic was identical to that contained in the brand name, her therapeutic benefit was drastically reduced. Not only did she become more symptomatic, but she experienced significant and debilitating

913

side effects from the generic. While the carrier ultimately relented and authorized the brand name, this consumer went for nearly two months without the medication that had effectively controlled her symptoms, and experienced a significant impact on her ability to function at the level she had become accustomed to.

In addition, while step therapy is recognized as a clinically appropriate assessment and treatment model, we are mindful of the risk of disparity in the application of this change on those receiving treatment for mental illness. OHA has had many clients whose behavioral health condition presented with sufficient severity that the treating provider felt that a specific course of treatment and clinical management was appropriate, but that was contravened by step therapy protocols. It is important to ensure that parity exists in the application of any step therapy protocols between mental health and medical treatment.

Thank you for providing me the opportunity to deliver OHA's testimony today. If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.